

FORM 124A



The Commonwealth of Massachusetts
Department of Industrial Accidents – Department 124A
600 Washington Street – 7th Floor, Boston Massachusetts 02111
Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470
<http://www.mass.gov/dia>

DIA Board #
(If Known):

NOTIFICATION OF ARBITRATION
AWARD

ATTACH COPIES OF ARBITRATION AWARD TO THIS FORM. SEND COPIES TO ALL PARTIES

1. Employee's Name (Last, First, MI):	2. Employee's Social Security Number*:	3. Employee's Telephone Number:
4. Employee's Address (No. and Street, City, State, Zip Code):		
5. Name of Employee's Attorney:		6. Telephone Number of Employee's Attorney:
7. Attorney's Address:		
8. Employer's Name & Address (No. and Street, City, State, Zip Code):		
9. Insurer's Name & Address (No. and Street, City, State, Zip Code):		
10. Name of Insurer's Attorney:		11. Telephone Number of Insurer's Attorney:
12. Attorney's Address:		
13. Arbitrator's Name:		
14. Arbitrator's Firm Name:		
15. Arbitrator's Business Address (No., Street, City, State, Zip Code):		
16. Arbitrator's Signature:		17. Date Prepared (mm/dd/yyyy):

*Disclosure of Social Security Number is Voluntary. It will aid in the processing of documents.
Please Print Clearly or Type. Unreadable forms will be returned.

Form 124A - Revised 8/2001 - Reproduce as needed.